

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 554235

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5	1					
6		1				
7		2				
8	1					
9		1				
10		2				
11	1					
12		①				
13		①				
14	1					
15		1				
16	1					
17		1				
18		1				
19		5				
20		6				
21		6				
22		6				
23	1					
24		1				
25		1				
26		1				
27		2				
28	1					
29		1				
30		1				
31		1				
32		1				
33		1				
34		2				
35		2				
36	1					
37		1				
38		1				
39		2				
40	1					
41		1				
42		1				
43		1				
44	1					
45		1				
46		1				
47		1				
48		2				
49		2				
50		12				
TOTAL IND.	11		↓	↓	↓	
TOTAL DEP.	77	←	←	←	←	↓
TOTAL CLAIMS	88					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.		←	←	←	←	↓
TOTAL CLAIMS						